

The care for inmates under the viewpoint of nursing students

Oliveira, Lannuzya Veríssimo e; Leite, Natália Lemos; Cavalcante, Cleonice Andrea Alves; Miranda, Francisco Arnoldo Nunes de

Veröffentlichungsversion / Published Version
Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:

Oliveira, L. V. e., Leite, N. L., Cavalcante, C. A. A., & Miranda, F. A. N. d. (2016). The care for inmates under the viewpoint of nursing students. *Revista de Pesquisa: Cuidado é Fundamental Online*, 8(1), 3780-3792. <https://doi.org/10.9789/2175-5361.2016.v8i1.3780-3792>

Nutzungsbedingungen:

Dieser Text wird unter einer CC BY-NC Lizenz (Namensnennung-Nicht-kommerziell) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier:
<https://creativecommons.org/licenses/by-nc/4.0/deed.de>

Terms of use:

This document is made available under a CC BY-NC Licence (Attribution-NonCommercial). For more Information see:
<https://creativecommons.org/licenses/by-nc/4.0>

Federal University of Rio de Janeiro State



Journal of Research Fundamental Care Online

ISSN 2175-5361
DOI: 10.9789/2175-5361

RESEARCH

O cuidar de presidiários sob a ótica de acadêmicos de enfermagem

The care for inmates under the viewpoint of nursing students

El cuidado de los internos desde la perspectiva de los estudiantes de enfermería

Lannuzya Veríssimo e Oliveira ¹, Natália Lemos Leite ², Cleonice Andrea Alves Cavalcante ³, Francisco Arnoldo Nunes de Miranda ⁴

ABSTRACT

Objective: understanding the care for inmates under the viewpoint of nursing students. **Method:** this is a descriptive study of a qualitative approach, performed with 11 nursing students at the State University of Paraíba, in the period August-September 2013. For data collection it was applied an audio-recorded semi-structured interview. Data were analyzed according to the technique of Content Analysis. **Results:** four categories were found: comprehensive care, social law, and care to inmates and gaps in academic nursing education. **Conclusion:** the care for prisoners to nursing students is understood as a professional and human obligation; however, this caring permeates difficulties such as fear, accented by myths, prejudices and stigmas, plus the deficit in academic training. **Descriptors:** Prisoners, Nursing, Nursing education.

RESUMO

Objetivo: compreender o cuidar de presidiários sob a ótica de acadêmicos de enfermagem. **Método:** trata-se de uma pesquisa descritiva com abordagem qualitativa, realizada com 11 acadêmicos de enfermagem da Universidade Estadual da Paraíba, no período de agosto a setembro de 2013. Para coleta de dados foi utilizada entrevista semiestruturada audiogravada. Os dados foram analisados conforme a técnica da Análise de Conteúdo. **Resultados:** quatro categorias foram evidenciadas: cuidado integral, direito social, prestação de cuidados aos presidiários e lacunas na formação acadêmica do enfermeiro. **Conclusão:** o cuidar de presidiários para acadêmicos de enfermagem é compreendido como uma obrigação profissional e humana, entretanto este cuidar perpassa por dificuldades, como medo, acentuado por mitos, preconceitos e estigmas, acrescidos pela deficiência na formação acadêmica. **Descritores:** Prisioneiros, Enfermagem, Educação em enfermagem.

RESUMEN

Objetivo: comprender el cuidado de los internos desde la perspectiva de los estudiantes de enfermería. **Método:** se trata de un estudio descriptivo con enfoque cualitativo, realizado con 11 estudiantes de enfermería de la Universidad Estatal de Paraíba, en el período agosto-septiembre de 2013. Para la recopilación de datos se utilizó entrevista semi-estructurada audiogravada. Los datos fueron analizados según la técnica de Análisis de Contenido. **Resultados:** se encontraron cuatro categorías: atención integral, la ley social, atención a los reclusos y las deficiencias en la educación del académico de enfermería. **Conclusión:** el cuidado de los presos a los estudiantes de enfermería se entiende como una obligación profesional y humana, sin embargo, este cuidado impregna dificultades tales como el miedo, acentuado por los mitos, los prejuicios y estigmas, más el déficit en la formación académica. **Descriptor:** Reclusos, Enfermería, Educación de enfermería.

1 Nurse. Master in Public Health at the State University of Paraíba. Health School professor at the Federal University of Rio Grande do Norte. Natal (RN), Brazil. E-mail: lannuzyacg@hotmail.com 2Nurse from the State University of Paraíba. Campina Grande (PB), Brazil. E-mail: natalia.lemos.leite@gmail.com 3Nurse. PhD in Nursing from the Federal University of Rio Grande do Norte. Health School professor at the Federal University of Rio Grande do Norte. Natal (RN), Brazil. E-mail: cleoandreaeen@gmail.com 4Nurse. Doctor in Psychiatric Nursing. Associate Professor of Graduate II and the Graduate Program in Nursing, Federal University of Rio Grande do Norte. Natal (RN), Brazil. E-mail: farnoldo@gmail.com

INTRODUCTION

The growth in the number of arrested individuals has occurred without a corresponding adjustment of the physical and personal structure, which negatively affects the daily lives of prisons, historically precarious in offering legal assistance, health care and opportunities for social reintegration.¹

One has to add that, although the Brazilian prison system experiences such difficulties, there is a legal apparatus, compiled in the Prison Law which ensures the prisoner all the rights of citizenship, namely: assistance to the prisoner within material, educational, religious, legal as well as in health care.²

With regard specifically to the health needs of the prison population, the National Health Plan for the Prison System (PNSSP), established in 2003, seeks to minimize the faults of the health care of the population prey from some guidelines: providing comprehensive care solving, continuous and of good quality to the health needs of the prison population, contributing to the control and/or reduction of the most common diseases affecting the prison population; defining and implementing actions and consonants services with the principles and guidelines of the Unified Health System (SUS); providing partnerships through the development of intersectoral action, contributing to the democratization of knowledge of the health/disease process, the organization of services and the social production of health; inducing recognition of health as a right citizenship, and encouraging the effective exercise of social control.³

So, it assures assistance to the prison population through the Health Care Teams in Prisons (EPEN), recommended by the PNSSP also ensuring access to Basic Health Units (UBS) and all network services that make up the SUS.³

However, there are limitations to comply with these guidelines, either for reasons inherent in the disarticulation in the public health service network, and the logistics of security in prisons, or by stigmatizing issues that permeate the relationship/feelings regarding the prisoners and, in turn, tend to frustrate the provision of health care ethics and problem-solving.¹

Professional nurses from the health service play an important role in the development of health programs in prisons to promote the provision of care to the inmate population. Such assignment requires from these professionals to develop skills and abilities that meet the singularities of individuals in prison, skills which in turn exceed the technical skills and should be encouraged from the training.⁴

The choice of this theme emerged from the assumption that the health of the prison system, especially regarding the performance of nursing professionals, it is little and / or not discussed in class and scarce in the scientific literature in the health field. So it regards to a muted subject or not mentioned permeate stigma and prejudice. In this perspective, it is believed that understanding the view of nursing students about caring for inmates subsidize discussions about this carefully, and contribute to the production of knowledge in this area.

Under these considerations, the aim of this study was to understanding the care for prisoners in view of nursing students.

METHOD

This is a descriptive study of a qualitative approach carried out between August and September 2013, at the Department of Nursing of the State University of Paraíba (UEPB), located in Campina Grande/PB, which at that time had approximately 400 graduate students. Based on the design of a qualitative approach it was opted by the sampling process by saturation of information, which indicates the interruption in data collection when it notes that new elements to support the desired theorizing are no longer detached from the observation field.⁵

The research subjects were included in the sample while observing the following criteria: being a student regularly enrolled in the final year of graduate course and taking part in the study voluntarily, reading and signing the Informed Consent (IC).

For data collection, there were used semi-structured interviews, audio recorded by addressing guiding questions: definition of care; nursing care for inmates, difficulties and/or facilities to care for detainees; training for health care in the prison system; and importance of caring for inmates for academic nursing and for citizens.

The statements resulting from the interviews were transcribed and later analyzed through the Content Analysis Technique, which allows the understanding of the representations that the person has in relation to its reality. To this end, it has been conducted in three basic stages, as proposed by Bardin.⁶

The pre-analysis understood free readings of the transcripts of the interviews, which allowed further contact with the contents from their comments, as well as the seizure of general impressions, to then establish a significant interaction between research design drawn by the authors the collected material, to the extent that many impressions worked in direct contact with the research subject surfaced in his memory from successive readings taken on the subject and the like.

Then, during the exploration of the collected material, there were defined registration units (RU) and the context units (UC). The first collect is the lowest obtained

from a speech, and the second should be understood, whose function is to express its meaning, namely UC must understand UR, which this phrase comprises a word. By grouping because of common characters of UR, conform on general headings, categories, which emerged from the answers of the research subjects, ie not prior form.⁶

This study was opted by semantics as a criterion for the formation of categories to meet the principle of mutual exclusion, that is, each UR could not be classified in more than one category, ensuring that the material would be similarly categorized even being subjected to a new analysis.⁶

By the end, in the last phase of data analysis, ie, treatment of already categorized results and interpreted the light of the relevant literature and the purpose of the study, expressing relevant understandings, with the intention to creating new knowledge and providing a differentiated insight the theme on screen.⁶

There were fulfilled to the ethical principles listed in Resolution 466/2012 of the National Health Council (CNS). To this end, it became clear that the interviewed was free to withdraw from the study at the time that suited it as well as on the confidentiality of his identity. These only responded to the instrument after declaring to be aware about the information contained in the scope of Informed Consent, IC. To protect the anonymity of respondents, we used an alphanumeric code, where the Arabic numeral indicates the sequence of interviews. Data collection took place only after the project was approved by the Research Ethics Committee of UEPB under the CAAE number: 19497413.8.0000.5187.

RESULTS AND DISCUSSION

Thematic categories

Through the analysis of the speeches of the study subjects four categories emerged: Full Care; Social Law; Providing care to inmates; and, finally, Gaps in academic nursing education.

Full care

When asked about the views/meaning about care in a general context, the subjects associated the care to the design of comprehensiveness and holism. It is understood the care as a way in which the human person is structured and identifies the world with others, to be more than an act, is constituted in attitude, covers more than a moment of attention, zeal and devotion, consists of an attitude occupation, concern, responsibility and affective

development with each other.⁷ This assertion converges to the understandings that protested the speech of the interviewees, as noted in the following reports:

Care would see the person completely, so both social as his biological and spiritual and aid that person in case if he needs (E3)

Caring for me goes much further than simply treating the individual, treating the condition of the individual and giving different look in the case is the nurse who usually does is the holistic view. This more comprehensive care even (E4)

It would be the attention that is dispensed to a person holistically, not only for physical health, but thus to social context of that person, psycho-emotional, right? Integral (E8)

It is believed that care exists in its entirety when the attitude care applied to something or someone implies the creation of a bond of affection, in intimacy, to feel, to welcome, respect, give peace and rest, tune in, so being human can live the fundamental experience of the value of what matters.⁷ In this sense, care involves helping people to pursue the path that give them a sense of self-care and through this understanding to reach the humanistic conception of what is proposed.

Caution, important role of the human being and the health professionals, especially nurses, is based in the humanistic approach, featuring human care in the interaction established between the caregiver and one who receives care, so it bases in holistic approach to the human being in the full care and integration.⁸

For such, in this context because it makes necessary to understand that each individual has his uniqueness, forming a unique identity and that certain answers for nursing care will be directly correlated to the social context in which the client is inserted. This is a sensitivity that nurses must have for the art of caring for reaching the purpose of humanization, with a coherence and harmony between feeling, thinking and doing.⁸

Still on comprehensive care, some lines emphasize the care and promotion of virtuousness, love and charity:

I understand care when one looks at the other. (E2)

Take care I think you're somebody, make the person feel good, it is as much about health as well-being (E7)

The modern world needs to welcome, redeem the process of respect and appreciation of each other, nursing guided in humanized care should be attentive to these needs and using empathy to/with the patient, wake mutual understanding of feelings and thereafter, understand his needs, assisting him in accordance with ethical and moral principles, having creativity, sensitivity, intuition, imagination and values, in order to promote the wellness. Achieving this goal is to reach the true meaning of being a nurse take care of in wanting to do other feeling well.⁷

Social Right

The right of being assisted, inherent to human beings, such as the right to health extends also to incarcerated individuals.³ Such understanding has emerged in the words of the interviewees on the right to health of the prison population, as demonstrated below:

They must be maintained because they are still the same people even taking these deviations (E3)

As a human being everyone has a right and as the constitution says is the issue of universal access. Then they as citizens, even in the situation where they are I believe they have that right (E4)

Because they are part of society, are people, are human beings (E7)

With the Alma Ata Conference, since 1978, the issue of human rights has become a core for discussions about health policy, so became to the consensus internationally that health is a fundamental human right. In this perspective, the population's access to health actions and services was guaranteed as a fundamental right to every Brazilian citizen in 1988 after the enactment of the Federal Constitution, through Article 198, which deals with the creation of the Unified Health System, regulated by the Organic Laws of Health 8.080 and 8.142, both from 1990.⁹

Depending on the need to ensure universal access to health, even including the prison population in its entirety, even inscribed in the list of offenses and crime, it established in 1984, the Law on Penal Execution (LEP), which offers the prisoner guaranteed assistance under material, educational, religious, legal and health, seeing the health care as one of the elements that contribute to the return to society in coexistence.²

Therefore, about the principle of universality, equality and equity, it guaranteed the right to citizenship and its implementation from the perspective of human rights to all Brazilian citizens, including lawbreakers. In this regard, the Ministry of Health together with the Ministry of Justice established the National Health Plan for the Prison System (PNSSP) in 2003, which provides for the inclusion of the prison population in the SUS. Allowing the reflection that, regardless of the nature of their offense, the convict retains their rights as citizens.³ Thus, compared to a clientele as specific and differentiated needs, it makes necessary to develop nursing care centered on the individual's needs skilled and competent manner, respecting the ethical and legal aspects of the profession, as well as the characteristics of the Penal System.¹⁰

It adds to the view that inmates are likely to be cared for being a population at risk and the potential to transmit diseases to others, as shown by the lines that follow:

And also because they have contact with society, well, not normal, but not without because they receive visits and if they are not maintained can't transmitting diseases (E3)

So how are risk population they deserve care, since they are crowded, we know that the situation of prisons is so, has a very large mass and the risk of becoming ill is much higher (E5)

Considered a high-risk population, sensitive acquisition and potential transmission of different diseases such as Acquired Immune Deficiency Syndrome (AIDS), hepatitis B, hepatitis C, sexually transmitted infections (STIs) in general, which probably spread as a result of risky sexual behavior, social marginalization, dependence on illegal drugs, low socioeconomic status and poor health system conditions.¹¹⁻²

Still add the characteristics of the socio-demographic profile of the prison population, which originated, for the most part, from disadvantaged communities sometimes it presents a precarious state of health prior to the imprisonment.¹

Studies also demonstrate that the prison environment has significantly higher rates of tuberculosis and HIV sero-prevalence than the population not bound.¹² Moreover, is constituted illness risk factor in the prison environment performing tattoos without proper hygienic conditions and the lack of condom use during conjugal visits.¹¹

The high levels of infection among inmates point to the need for prevention programs for this population, which should be instructed based on knowledge of the epidemiological situation and the dynamics of transmission.¹¹⁻² So it dedicates relevance to STD/HIV in prisons as emphasized in the National Health Plan for Prison System (PNSSP) which provides diagnostic actions, counseling and treatment for STD/HIV, condom distribution to inmates and servers, preparation of educational and institutional material, supply of specific drugs and diagnostic issues and treatment of STIs according to the syndromic approach.¹³

However, It is agreed that although a population of risk, care should be offered, regardless of the individual committing crimes or not, as the governing human rights and ensured by public policies, enabling all citizens enjoy their right to health, dignity, humane and without prejudice or privileges.²

Provision of care for inmates

When asked about the difficulties and/or facilities on the care of prisoners based on experience caring for this clientele in the course of internships in general hospitals and UBS, it was found that for the subjects, difficulties overlaps, as noted in the following lines:

Fear to get close to them because of prejudice that exists and the second reason is when they so limited to the bed with handcuffs, well, it's hard to make determined things (E1)

The difficulties are as follows: generally they are being watched, you'll more cautious because you do not know what crimes he committed, does not know what the possible reactions, too much is the issue of drugs in prisons, and you do not know if that person can be abstinent, you know? She may have a more aggressive reaction, so

I believe that all this hinders the creation of the link between the professional and the patient (E2)

Professional ends up're afraid of providing care in're going to a penitentiary, and have that contact with people who can be dangerous for him (E9)

Not knowing the reality of prisons, society often builds negative opinions, fostered by the media, which provide a collective vision and generalist without considering their particularities, fueling stigma and prejudice against the prey population.¹⁴ Thus, while social component the individual who will be in contact with the convict may feel afraid by the weight of the myths, stigma and prejudice that this population carries.

Considering the shortcomings peculiarities of the prison environment, the subjects indicate in their speeches the importance of integration of nursing students in this reality, making them know the prison environment, corroborating reflections regarding the quality of care provided to the prison population, considering that future improvements will bring benefits to public health, as well as favor the social reintegration and re-signification as a human being, so to the patient and for the caregiver.

It's overcrowding, is a staff like this, for hygiene. Forgotten. Hygiene, food. The power thus much precarious. (E8)

Disorganization hinders system a little (E5)

Official data from the National Penitentiary Department (DEPEN), the Ministry of Justice estimated that in 2003, the prison population was 210.150 people. More recent information disclosed by INFOPEN in 2011, show that this population reached 513.802 with 1.237 prisons and 304.702 vacancies, taking into account that in 9 years the number of prisoners doubled without there being a corresponding adjustment of the physical and personal structure, which affects the daily lives of prisons.¹ Thus, individuals tend to remain stuck in poorly ventilated and crowded cells in poor hygiene conditions, which coupled with poor diet, stressful environment and violent, among other negatives, make these individuals more susceptible to illness, requiring more health care.¹¹

I think for most (professionals/students) is never easy, as if it were an obligation, not take care with that same care, that love to who handles other people (E11)

The health worker, as a human being presents concepts of right and wrong shaped by social values, although equal before the constitutional rights, the other is something away from you.⁷ For this reason, the nursing staff to care for inmates, establishes a relationship permeated much of moral values and ethical and social, that influence the relationship; however, to assume the caregiver posture, responsible for the recovery and well-being of an individual, it must refrain from any judgment and prejudice.¹⁰

There is the Charter of Health User's Rights to ensure that every citizen is guaranteed to receive a call to order, organization, quality, and humane treatment and without discrimination, in which their rights as patient must be respected, consistent with the Code of Ethics of Nursing Professionals, which guides the professional practice, in compliance to health and the human being, respecting the ethical and legal principles, as well as the dignity and rights of the person throughout their life cycle without discrimination of any kind.

Thus should exercise nursing with justice, competence, responsibility and honesty, providing assistance to customers without discrimination of any kind, respecting and recognizing the client's right, seeking to reflect the nurse's role in spreading its operation to stigmatized populations.^{11,15}

Nursing when assisting others, establishes a relationship in which one must consider the values, ideals, prejudices, beliefs previous expectations that are present at each of the subjects involved and influencing the relationship. So that care is characterized as a diverse process, which takes different contexts as the time lived in the relationship established between the subject (convict) and professional (nursing).¹⁰

It is understood that this care relationship, plus the condition of the convict, which underwent a process of depersonalization and emptying of the US to enter the penal system, find surrounded in a circumstance in which to interact with the nursing care; with the professional showing attentive and receptive care.¹⁰

Ease, I think for being such a population, as determined may be that they are more open to receive this care (E5)

I've heard since they, prisoners (inmates), they do not deter health professionals (E10)

Due to poor health conditions in the prison environment, both in terms of quality of accommodation, the common diseases to confinement, as well as the small number of deployed EPENs,³ the prey population, mostly becomes more receptive to professionals health that offer them assistance. Thus, this population should represent a portion of greatest interest to health professionals, particularly nurses, in the direction of program health education activities, able to meeting the peculiarities of low income.¹¹

Gaps in Nurses' training

According to the Curriculum Guidelines for Nursing Graduate Course, It is proposed that nurses are able to professional practice, based on scientific and intellectual rigor and guided by ethical principles, able to act with a sense of social responsibility and commitment to citizenship, as the overall health of the human promoter.¹⁶ However, for the study participants, the academic permeates gaps as it is found in the following lines:

It is so much that I came to hear anything about, for me, outside the university (E4)

It should be further explored as a matter of public health (E3)

In no time at graduation that was past and it is a very big deficiency in the curriculum grid (E6)

At least five years of course I do not remember having had any theoretical framework, anything related to this issue (E9)

It is noteworthy that the National Curricular Guidelines (DCN's) Graduate Nursing Degree (2001), require an educational project, inserted into the Institutional Development Plan (IDP) built collectively, centered on the student as the subject of learning and supported by the teacher as facilitator and mediator of the teaching-learning process.¹⁷

In this perspective, Decree 5.622, of December 19th, 2005 which regulates the Article 80 of Law 9.394, of December 20th, 1996, which establishes the guidelines and bases of national education and particularly the Federal Decree n. 5.773, of May 9th, 2006, which provides for the exercise of regulatory functions, supervision and evaluation of higher education institutions and higher education graduate and sequential in the federal educational system and the DCN's not conceivable any course without the educational Project.¹⁶

From these legal pressuposes requires from the teacher constantly update critical and reflective capacity, plus a view of the general issues of the society that surrounds it. It calls for attention on the inclusion, either as a curricular component, either as a cross-cutting issue, with the guarantee of their integration into curriculum matrices, given its relevance to public health, to work reflective critical awakening of student.¹⁸

Moreover, in addition to ensuring the inclusion of thematic different in the curriculum of courses, it makes necessary to strive for excellence on the approach/discussion of such content, providing the development of free thought and critical-reflexive consciousness, enabling the student to be an agent of change of reality.¹⁹

However, studies show that for scholars and teachers of nursing professional education find short of proposals touted by DCN's Graduation Course in Nursing and the needs imposed by practical scenarios in SUS health services networks.¹⁷⁻⁸

Similarly to the above studies, the respondents of this survey indicate gap between the needs imposed by the professional experience and training he has received over graduation as emphasized in the words that follow:

I was not instructed to work this issue; I believe we must have some initiation, any program that could be introduced at the university because it is a much stigmatized issue (E10)

It should work, because we end up running into these situations and sometimes do not know how to behave, how to react, how to treat (E11)

The statements signal the insecurity of the students when faced with this stigmatized and marginalized population, since not received specific academic training for this purpose. In this sense, there is a limitation on the training of study participants, since it is for the professional nurse acting as agents of social transformation in all environments and with the most distinct populations.¹⁸

CONCLUSION

Caring for inmates to nursing students is seen as a professional and human obligation, and to reflect on their skills and abilities questions arise about comprehensive care, which points to a holistic view of the individual, incorporating the art of care as an instrument of interpretation, as well as recognizes health as a human right beyond the decent life that should be offered.

The nurse it is expected the demonstration of a commitment to citizenship seeking to understand individual and regional specificities to justify planning on sale levels, prevention and rehabilitation to health, providing comprehensive care to every individual and/or community, ensuring quality and humanization of care.

However this look permeates difficulties such as fear and social stigmas, which are not discussed in the classroom can interfere with the formation of abilities and skills necessary to provide assistance to inmates, so if you notice a gap in academic, as the epidemiological data and public policies confirm the need of care for this population, justifying the introduction and/or the prison health implementation in the curriculum guidelines of nursing program, favoring the formation of nursing students to work in the SUS, as the principles of universality, accessibility, equity and integrity guarantees assistance to all citizens regardless of the condition of being a convict.

It is constituted limitation of this study the lack of this issue in the scientific literature in the health area, since the emphasis on teaching and learning process either theoretical or practical was not contemplated. However, the data does not make it less relevant as point gaps in many ways that require further research.

The present study signals the need for discussion, implementation and reformulation of some curricular components that are more pertinent and relevant as their approach during the formation of the professional nurse.

REFERENCES

1. Oliveira LV, Costa GMC, Medeiros KKAS, Cavalcanti AL. Perfil epidemiológico de presidiárias no estado da Paraíba- Brasil: estudo descritivo. Online braz j nurs. (Online). 2013; [acesso em 2013 out 9]; 12(4):892-901 [aprox. 5 Telas]. Disponível em: http://www.objnursing.uff.br/index.php/nursing/article/view/4284/html_66
2. Ministério da Saúde (BR). Saúde no sistema penitenciário. Brasília (DF); 2010.
3. Gois SM. et al. Para além das grades e punições: uma revisão sistemática sobre a saúde penitenciária. Cienc. Saúde colet. (Online). 2012; [acesso em 2013 out 9]; 17(5):1235-46 [aprox. 11 telas]. Disponível em: <http://www.scielo.org/pdf/csc/v17n5/a17v17n5.pdf>
4. Uchimura KY, Bosi MLM. Habilidades e competências entre trabalhadores da Estratégia Saúde da Família. Interface (Botucatu) (Online). 2011; [acesso em 2014 jan 24]; 16(40): 149-60 [aprox. 8 telas]. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-32832012000100012
5. Fontanella BJB, Luchesi BM, Saidel MGB, Ricas J, Turato ER, Melo DG. Amostragem em pesquisas qualitativas: proposta de procedimentos para constatar saturação teórica. Cad. Saúde publica (Online). 2011; [acesso em 2014 jan 20]; 27(2): 388-94 [aprox. 6 telas]. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X2011000200020
6. Bardin L. Análise de conteúdo. 70ª Ed. Lisboa: Almedina, 2011.
7. Vieira NA, Silveira LC. O cuidado e a clínica na formação do enfermeiro: saberes, práticas e modos de subjetivação. Esc. Anna Nery (Online). 2011; [acesso em 2013 out 9]; 15(4): 776-83 [aprox. 7 telas] .
8. Silva FD, Chernicharo IM, Ferreira MA. Humanização do cuidar de enfermagem nas concepções de profissionais de enfermagem. Esc. Anna Nery (Online). 2011; [acesso em 2013 out 9]; 15 (4): 686-93 [aprox. 7 telas]. Disponível: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452011000400005
9. Ventura CAA. et al. Aliança da enfermagem com o usuário do SUS. Rev. bras. Enferm. (Online). 2012; [acesso em 2013 out 9]; 65(6): 893-8 [aprox. 7 telas]. Disponível em: http://www.scielo.br/scielo.php?pid=S0034-71672012000600002&script=sci_arttext
10. Souza MOS, Passos JP. A prática de enfermagem no sistema penal: limites e possibilidades. Esc. Anna Nery Revista (Online). 2008 [acesso em 2013 out 9]; 12(3): 417-23 [aprox. 5 telas]. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452008000300004
11. Nicolau AIO, Pinheiro AKB. Condicionantes sociodemográficos e sexuais do conhecimento, atitude e prática de presidiárias quanto ao uso de preservativos. Texto & contexto enferm (Online). 2012 [acesso em 2013 out 9]; 21(3): 581-90 [aproximadamente 7 telas]. Disponível em: http://www.scielo.br/scielo.php?pid=S0104-07072012000300013&script=sci_arttext

12. Coelho HC. et al. Soroprevalência da infecção pelo vírus da Hepatite B em uma prisão brasileira. *Rev. bras. Epidemiol* (Online). 2009 [acesso em 2013 out 9]; 12(2): 124-31 [aprox. 7 telas]. Disponível em: <http://www.scielo.br/pdf/rbepid/v12n2/03.pdf>
13. Ministério da Saúde (BR). Relatório do projeto de Pesquisa "Do Plano à Política: garantindo o direito à saúde para todas as pessoas do sistema prisional". Brasília (DF); 2012.
14. Redigo NCN. Sistema Penitenciário e seus estigmas: o caso paulista. *Revista LEVS/UNESP* (Online). 2012 [acesso em 2013 out 9]; 9:82-96 [aprox. 14 telas]. Disponível em: <http://www2.marilia.unesp.br/revistas/index.php/levs/article/viewFile/2238/1856>
15. Mascarenhas NB, Rosa DOS. Bioética e formação do enfermeiro: uma interface necessária. *Texto & contexto enferm.* (Online). 2010 [acesso em 2013 out 9]; 19(2): 366-71 [aprox. 5 telas]. Disponível: <http://www.scielo.br/pdf/tce/v19n2/19.pdf>
16. Parecer nº 1.133, de 07 de agosto de 2001. Dispõe sobre as Diretrizes Curriculares da Medicina, Enfermagem e Nutrição. Brasília (DF): Ministério da Educação e Cultura; 2001.
17. Fernandes JD, Silva RMO, Teixeira GA, Florencio RMS, Silva LS, Rebouças LCC. Aderência de cursos de graduação em enfermagem às diretrizes curriculares nacionais na perspectiva do sistema único de saúde. *Esc Anna Nery* (Online). 2013 [acesso em 2013 out 9]; 17 (1):82 - 89 [aprox. 7 telas].
Disponível em: http://www.scielo.br/scielo.php?pid=S1414-81452013000100012&script=sci_arttext
18. Moura ECC, Mesquita FLC. Estratégias de ensino-aprendizagem na percepção de graduandos de enfermagem. *Rev. Bras. enferm.* 2010 [acesso em 2013 out 9]; 63: 793-98 [aprox. 5 telas]. Disponível em; <http://www.redalyc.org/articulo.oa?id=267019591016>
19. Barreto BMF, Tavares DN, Brandão JL, Gonçalves JCP, Valente GSC, Ferreira FC. Educação continuada /permanente como estratégia do gerenciamento de enfermagem no sistema único de saúde: uma revisão integrativa. *J. res.: fundam. care. online* 2013.[acesso em 16 set 15]; 5(3):85-93
Available <http://www.seer.unirio.br/index.php/cuidadofundamental/issue/view/119/showToc>

Received on: 16/09/2014
Required for review: No
Approved on: 17/09/2015
Published on: 07/01/2016

Contact of the corresponding author:
Lannuzya Veríssimo e Oliveira
Universidade Federal do Rio Grande do Norte - Centro de Ciências da
Saúde - Departamento de Enfermagem - Campus Centra, s/n, Lagoa
Nova. Natal (RN), CEP: 59078-907